



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

XML

Office Use Only ☒

## Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Individual Reporting Guide**

**This form must be submitted in its original digital format. Please do not print or scan this form.**

|   |   |
|---|---|
| <b>LOBBYIST<br/>NAME</b>                                  | <div>Title<div>Mr.</div></div> <div>First Name*<div>Trey</div></div> <div>Middle<div></div></div> <div>Last Name*<div>Salinas</div></div> <div>Suffix<div></div></div> <div><input type="checkbox"/> My employer is a 501c(3) non-profit organization</div> |
| <b>EMPLOYING<br/>ENTITY</b>                               | <div><input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</div> <div>Entity/Organization Name*<div>3 Point Partners</div></div>                               |
| <b>LOBBYIST<br/>PERMANENT BUSINESS<br/>STREET ADDRESS</b> | <div>Permanent Business Street Address*<div>1250 S Capital of Texas Hwy</div></div> <div>Apartment or Suite Number<div>#3-340</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78746</div></div>             |
| <b>LOBBYIST<br/>BUSINESS MAILING<br/>ADDRESS</b>          | <div>Business Mailing Address*<div>1250 S Capital of Texas Hwy</div></div> <div>Apartment or Suite Number<div>#3-340</div></div> <div>City*<div>Austin</div></div> <div>State*<div>TX</div></div> <div>Zip Code*<div>78746</div></div>                      |



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### REPORT TYPE \*

*Check all that apply*

- ☐ I am registering as a new lobbyist
- ☒ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period
- ☐ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☐ April ☐ July ☐ October
- ☐ I am correcting the information provided on a previously filed report
- Previous Report Type:  Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Austin Police Meet and Confer Contract   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input checked="" type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input checked="" type="checkbox"/> Diversity, Equity, or Inclusion                 | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   | <input type="text"/>   |

Add Additional Municipal Question

Delete this page



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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Austin Police Officer Funding  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                            | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals   | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation  | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries                    | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation  | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                                   | <input checked="" type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input checked="" type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance   | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement  | <input checked="" type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                                       | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Other:   | <input type="text"/>   |

Add Additional Municipal Question

Delete this page



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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Austin Energy Generation Plan  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                 |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page



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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Austin Energy Rates  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
| <input type="text"/>                                   | <input type="text"/>   | <input type="text"/> |                           |
| Property Legal Description                             |  |                      |                           |
| <input type="text"/>                                   |  |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page



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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Body Cameras   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
| <input type="text"/>                                   | <input type="text"/>   | <input type="text"/> |                           |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability  | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input checked="" type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>  |  |

Add Additional Municipal Question

Delete this page



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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Land use issues  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
| <input type="text"/>                                   | <input type="text"/>   | <input type="text"/> |                           |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input checked="" type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | MUD Issues   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
| <input type="text"/>                                   | <input type="text"/>   | <input type="text"/> |                           |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                           | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> Annexation                                      | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling                      |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making   |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input checked="" type="checkbox"/> Neighborhoods   | <input checked="" type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums                  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other:   | <input type="text"/>   |

Add Additional Municipal Question

Delete this page

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|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Real Estate  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods  | <input checked="" type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Renewable Energy   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input type="checkbox"/> Affordability  | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce  | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                 |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use  | <input type="checkbox"/> Taxation or Fees  |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Right of way permitting issues   |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
| <input type="text"/>                                   | <input type="text"/>   | <input type="text"/> |                           |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs  |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input checked="" type="checkbox"/> Real Estate  |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce  | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input checked="" type="checkbox"/> Code Compliance                                 | <input type="checkbox"/> Municipal Court   | <input checked="" type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input checked="" type="checkbox"/> Contracts or Procurement                        | <input checked="" type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Short Term Rental  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)                                       |
| <input checked="" type="checkbox"/> Affordability                                   | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input checked="" type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation   | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input checked="" type="checkbox"/> Hospitality, Tourism, Events, or Convention Center        | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                     |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees  |
| <input checked="" type="checkbox"/> Code Compliance                                 | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input checked="" type="checkbox"/> Economic Development                            | <input type="checkbox"/> Other: <input type="text"/>  |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |  |                      |                           |
|--|--|----------------------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Water Rates  |                      |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |                      |                           |
|  | Address  |                      | Suite or Apartment Number |
|  | <input type="text"/>   |                      | <input type="text"/>      |
|  | City   | State                | Zip Code                  |
|  | <input type="text"/>   | <input type="text"/> | <input type="text"/>      |
|  | Property Legal Description   |                      |                           |
|  | <input type="text"/>   |                      |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans)  |
| <input checked="" type="checkbox"/> Affordability                                   | <input checked="" type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)   |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                            | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response  |
| <input checked="" type="checkbox"/> Annexation                                      | <input type="checkbox"/> Historic Preservation   | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                              | <input checked="" type="checkbox"/> Quality of Life Affairs                                    |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration   | <input type="checkbox"/> Real Estate   |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works             | <input type="checkbox"/> Labor or Workforce  | <input checked="" type="checkbox"/> Rules, Proposed Rules, or Rule Making                      |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use   | <input checked="" type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court   | <input type="checkbox"/> Technology or Communications  |
| <input type="checkbox"/> Construction   | <input type="checkbox"/> Municipal Legislation   | <input type="checkbox"/> Transportation or Mobility  |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods   | <input type="checkbox"/> Zoning or Platting  |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums  |  |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other: <input type="text"/>   |  |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

|  |   |       |                           |
|--|---|-------|---------------------------|
| <b>SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*</b> | Land use issues   |       |                           |
| <b>PROPERTY ADDRESS<br/>OR<br/>LEGAL DESCRIPTION</b>   | <input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required. |       |                           |
|  | Address   |       | Suite or Apartment Number |
|  | 2500 Barton Creek Blvd  |       |                           |
|  | City  | State | Zip Code                  |
|  | Austin  | TX    | 78735                     |
|  | Property Legal Description  |       |                           |
|  | LOT 2 BLK B BARTON CREEK SEC E PHS 2 & LOT 3 BLK B BARTON CREEK SEC E PHS 2   |       |                           |

Subject Matter(s)\*: Check all subject matters that apply to the municipal question above

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities                 | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans)                            |
| <input type="checkbox"/> Affordability  | <input type="checkbox"/> Finance, Budget, or Investments                                      | <input type="checkbox"/> Permits (Other)  |
| <input type="checkbox"/> Animals  | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services                 | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input checked="" type="checkbox"/> Annexation                                      | <input type="checkbox"/> Historic Preservation  | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling           |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries         | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center                   | <input checked="" type="checkbox"/> Quality of Life Affairs                                   |
| <input type="checkbox"/> Aviation   | <input type="checkbox"/> Human Rights or Immigration  | <input checked="" type="checkbox"/> Real Estate   |
| <input type="checkbox"/> City Infrastructure or Public Works                        | <input type="checkbox"/> Labor or Workforce   | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making                                |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use                              | <input type="checkbox"/> Taxation or Fees   |
| <input type="checkbox"/> Code Compliance  | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Technology or Communications   |
| <input checked="" type="checkbox"/> Construction                                    | <input type="checkbox"/> Municipal Legislation  | <input type="checkbox"/> Transportation or Mobility   |
| <input type="checkbox"/> Contracts or Procurement                                   | <input type="checkbox"/> Neighborhoods  | <input type="checkbox"/> Zoning or Platting   |
| <input type="checkbox"/> Diversity, Equity, or Inclusion                            | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums                             |   |
| <input type="checkbox"/> Economic Development                                       | <input type="checkbox"/> Other:   |   |

Add Additional Municipal Question

Delete this page

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# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
|--|---|------------------------------------|----------------------------------|--|---|----------------------|--|--------------|---------------|------------------|--|---------------------------------|------------------------------------|------------------------------|--|--|---|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Airbnb"/>  |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="888 Brannan Street"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="San Francisco"/></td><td><input type="text" value="CA"/></td><td><input type="text" value="94107"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Short Term Rentals"/></td></tr></table> | Client Business Address*           | Client Apartment or Suite Number |  | <input type="text" value="888 Brannan Street"/> | <input type="text"/> |  | Client City* | Client State* | Client Zip Code* | <input type="text" value="San Francisco"/> | <input type="text" value="CA"/> | <input type="text" value="94107"/> | Nature of Client's Business* |  |  | <input type="text" value="Short Term Rentals"/> |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="888 Brannan Street"/>                        | <input type="text"/>  |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| Client City*   | Client State*   | Client Zip Code*                   |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="San Francisco"/>                             | <input type="text" value="CA"/>   | <input type="text" value="94107"/> |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| Nature of Client's Business*   |   |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Short Term Rentals"/>                        |   |                                    |                                  |  |   |                      |  |              |               |                  |  |                                 |                                    |                              |  |  |   |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |                      |    |                   |                      |  |  |                      |
|------------------------|--|------------------------|----------------------|----|-------------------|----------------------|--|--|----------------------|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td><input type="text"/></td><td></td><td></td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/> | Compensation Category* |                      | OR | (\$) Exact Amount | <input type="text"/> |  |  | <input type="text"/> |
| Compensation Category* |  | OR                     | (\$) Exact Amount    |    |                   |                      |  |  |                      |
| <input type="text"/>   |  |                        | <input type="text"/> |    |                   |                      |  |  |                      |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
|--|--|--------------------------|----------------------------------|--|------------------------|------------|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|--------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Apex Bethel Energy Center LLC   |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>3200 Southwest Freeway</td><td colspan="2">Suite 2210</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Houston</td><td>TX</td><td>77027</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Energy</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 3200 Southwest Freeway | Suite 2210 |  | Client City* | Client State* | Client Zip Code* | Houston | TX | 77027 | Nature of Client's Business* |  |  | Energy |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| 3200 Southwest Freeway   | Suite 2210   |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| Houston  | TX   | 77027                    |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |
| Energy   |  |                          |                                  |  |                        |            |  |              |               |                  |         |    |       |                              |  |  |        |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |  |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
|---|--|--------------------------|----------------------------------|--|-------------------|------------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|----------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Armbrust & Brown LLP  |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>100 Congress Ave.</td><td colspan="2">Suite 1300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Law Firm</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 100 Congress Ave. | Suite 1300 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Law Firm |  |  |
| Client Business Address*  | Client Apartment or Suite Number   |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| 100 Congress Ave.   | Suite 1300   |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| Client City*  | Client State*  | Client Zip Code*         |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| Austin  | TX   | 78701                    |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| Nature of Client's Business*  |  |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |
| Law Firm  |  |                          |                                  |  |                   |            |  |              |               |                  |        |    |       |                              |  |  |          |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
|--|---|------------------------------------|----------------------------------|--|---|---|--|--------------|---------------|------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|--|--|---|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br><input type="text" value="AT&amp;T"/>  |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="816 Congress Ave"/></td><td colspan="2"><input type="text" value="Suite 1100"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Communications"/></td></tr></table> | Client Business Address*           | Client Apartment or Suite Number |  | <input type="text" value="816 Congress Ave"/> | <input type="text" value="Suite 1100"/> |  | Client City* | Client State* | Client Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78701"/> | Nature of Client's Business* |  |  | <input type="text" value="Communications"/> |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="816 Congress Ave"/>                          | <input type="text" value="Suite 1100"/>   |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| Client City*   | Client State*   | Client Zip Code*                   |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Austin"/>                                    | <input type="text" value="TX"/>   | <input type="text" value="78701"/> |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| Nature of Client's Business*   |   |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Communications"/>                            |   |                                    |                                  |  |   |   |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |                      |    |                   |                      |  |  |                      |
|------------------------|--|------------------------|----------------------|----|-------------------|----------------------|--|--|----------------------|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td><input type="text"/></td><td></td><td></td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/> | Compensation Category* |                      | OR | (\$) Exact Amount | <input type="text"/> |  |  | <input type="text"/> |
| Compensation Category* |  | OR                     | (\$) Exact Amount    |    |                   |                      |  |  |                      |
| <input type="text"/>   |  |                        | <input type="text"/> |    |                   |                      |  |  |                      |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
|--|--|------------------------------------|----------------------------------|--|---|----------------------|--|--------------|---------------|------------------|-------------------------------------|---------------------------------|------------------------------------|------------------------------|--|--|---|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br><input type="text" value="Austin Crime Commission"/>  |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="PO Box 27016"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78755"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Non-profit"/></td></tr></table> | Client Business Address*           | Client Apartment or Suite Number |  | <input type="text" value="PO Box 27016"/> | <input type="text"/> |  | Client City* | Client State* | Client Zip Code* | <input type="text" value="Austin"/> | <input type="text" value="TX"/> | <input type="text" value="78755"/> | Nature of Client's Business* |  |  | <input type="text" value="Non-profit"/> |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="PO Box 27016"/>                              | <input type="text"/>   |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| Client City*   | Client State*  | Client Zip Code*                   |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Austin"/>                                    | <input type="text" value="TX"/>  | <input type="text" value="78755"/> |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| Nature of Client's Business*   |  |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Non-profit"/>                                |  |                                    |                                  |  |   |                      |  |              |               |                  |                                     |                                 |                                    |                              |  |  |   |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |                      |    |                   |                      |  |  |                      |
|------------------------|--|------------------------|----------------------|----|-------------------|----------------------|--|--|----------------------|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td><input type="text"/></td><td></td><td></td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/> | Compensation Category* |                      | OR | (\$) Exact Amount | <input type="text"/> |  |  | <input type="text"/> |
| Compensation Category* |  | OR                     | (\$) Exact Amount    |    |                   |                      |  |  |                      |
| <input type="text"/>   |  |                        | <input type="text"/> |    |                   |                      |  |  |                      |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
|--|--|--------------------------|----------------------------------|--|------------------|---------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Austin Police Association   |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>5817 Wilcab Road</td><td colspan="2">Suite 1</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78721</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Membership Association</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 5817 Wilcab Road | Suite 1 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78721 | Nature of Client's Business* |  |  | Membership Association |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| 5817 Wilcab Road   | Suite 1  |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| Austin   | TX   | 78721                    |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |
| Membership Association   |  |                          |                                  |  |                  |         |  |              |               |                  |        |    |       |                              |  |  |                        |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
|--|--|--------------------------|----------------------------------|--|--|-----------------|--|--|--|--------------|---------------|------------------|--|------------|----|-------|--|------------------------------|--|--|--|------------------------------|--|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Axon Enterprise, Inc.   |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>17800 N 85th St</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Scottsdale</td><td>AZ</td><td colspan="2">85255</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Manufacturer of body cameras</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  |  | 17800 N 85th St |  |  |  | Client City* | Client State* | Client Zip Code* |  | Scottsdale | AZ | 85255 |  | Nature of Client's Business* |  |  |  | Manufacturer of body cameras |  |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| 17800 N 85th St  |  |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| Scottsdale   | AZ   | 85255                    |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |
| Manufacturer of body cameras   |  |                          |                                  |  |  |                 |  |  |  |              |               |                  |  |            |    |       |  |                              |  |  |  |                              |  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
|--|---|--------------------------|----------------------------------|--|--------------|-----------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Brandywine Realty Trust  |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1501 S Mopac</td><td colspan="2">Suite 310</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1501 S Mopac | Suite 310 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78746 | Nature of Client's Business* |  |  | Real Estate |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| 1501 S Mopac   | Suite 310   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Austin   | TX  | 78746                    |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Real Estate  |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |  |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
|---|--|--------------------------|----------------------------------|--|-------------------------------------|-----------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-----------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>CCARE   |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>c/o Brandywine Realty, 1501 S Mopac</td><td colspan="2">Suite 310</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Business League</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | c/o Brandywine Realty, 1501 S Mopac | Suite 310 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78746 | Nature of Client's Business* |  |  | Business League |  |  |
| Client Business Address*  | Client Apartment or Suite Number   |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| c/o Brandywine Realty, 1501 S Mopac                                 | Suite 310  |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| Client City*  | Client State*  | Client Zip Code*         |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| Austin  | TX   | 78746                    |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| Nature of Client's Business*  |  |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |
| Business League   |  |                          |                                  |  |                                     |           |  |              |               |                  |        |    |       |                              |  |  |                 |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page





## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
|--|---|--------------------------|----------------------------------|--|--------------|-----------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Cypress Real Estate Advisors   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1601 S Mopac</td><td colspan="2">Suite 175</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1601 S Mopac | Suite 175 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78746 | Nature of Client's Business* |  |  | Real Estate |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| 1601 S Mopac   | Suite 175   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Austin   | TX  | 78746                    |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Real Estate  |   |                          |                                  |  |              |           |  |              |               |                  |        |    |       |                              |  |  |             |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
|--|--|--------------------------|----------------------------------|--|----------------|--|--|--------------|---------------|------------------|----------|----|-------|------------------------------|--|--|-----------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Cypress Semiconductor   |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>Champion Court</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>San Jose</td><td>CA</td><td>95134</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | Champion Court |  |  | Client City* | Client State* | Client Zip Code* | San Jose | CA | 95134 | Nature of Client's Business* |  |  | High Tech |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| Champion Court   |  |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| San Jose   | CA   | 95134                    |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |
| High Tech  |  |                          |                                  |  |                |  |  |              |               |                  |          |    |       |                              |  |  |           |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |  |                   |  |    |  |
|------------------------|---|------------------------|--|-------------------|--|----|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td></td><td>OR</td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |  | (\$) Exact Amount |  | OR |  |
| Compensation Category* |   | (\$) Exact Amount      |  |                   |  |    |  |
|                        | OR  |                        |  |                   |  |    |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
|--|---|--------------------------|----------------------------------|--|---------------------|------------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Endeavor Real Estate Group   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>221 West 6th Street</td><td colspan="2">Suite 1300</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 221 West 6th Street | Suite 1300 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78701 | Nature of Client's Business* |  |  | Real Estate |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| 221 West 6th Street  | Suite 1300  |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Austin   | TX  | 78701                    |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |
| Real Estate  |   |                          |                                  |  |                     |            |  |              |               |                  |        |    |       |                              |  |  |             |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
|--|---|--------------------------|----------------------------------|--|-----------------|--|--|--------------|---------------|------------------|------------|----|-------|------------------------------|--|--|-------------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Goveia   |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>24855 Del Prado</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Dana Point</td><td>CA</td><td>92629</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Real Estate Development</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 24855 Del Prado |  |  | Client City* | Client State* | Client Zip Code* | Dana Point | CA | 92629 | Nature of Client's Business* |  |  | Real Estate Development |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| 24855 Del Prado  |   |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| Dana Point   | CA  | 92629                    |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |
| Real Estate Development  |   |                          |                                  |  |                 |  |  |              |               |                  |            |    |       |                              |  |  |                         |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
|--|---|--------------------------|----------------------------------|--|---------------------|-----------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>HDR, Inc   |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>4401 West Gate Blvd</td><td colspan="2">Suite 400</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78745</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Engineering Firm</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 4401 West Gate Blvd | Suite 400 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78745 | Nature of Client's Business* |  |  | Engineering Firm |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| 4401 West Gate Blvd  | Suite 400   |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Austin   | TX  | 78745                    |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Engineering Firm   |   |                          |                                  |  |                     |           |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
|--|---|--------------------------|----------------------------------|--|--------------------|-----------|--|--------------|---------------|------------------|---------|----|-------|------------------------------|--|--|------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Lincoln Clean Energy   |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>401 N Michigan Ave</td><td colspan="2">Suite 501</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Chicago</td><td>IL</td><td>60611</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Renewable Energy</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 401 N Michigan Ave | Suite 501 |  | Client City* | Client State* | Client Zip Code* | Chicago | IL | 60611 | Nature of Client's Business* |  |  | Renewable Energy |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| 401 N Michigan Ave   | Suite 501   |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| Chicago  | IL  | 60611                    |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |
| Renewable Energy   |   |                          |                                  |  |                    |           |  |              |               |                  |         |    |       |                              |  |  |                  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
|--|--|--------------------------|----------------------------------|--|-----------------------|--|--|--------------|---------------|------------------|------------|----|-------|------------------------------|--|--|------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>North Austin MUD #1   |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>2601 Forest Creek Dr.</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Round Rock</td><td>TX</td><td>78665</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Utility District</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 2601 Forest Creek Dr. |  |  | Client City* | Client State* | Client Zip Code* | Round Rock | TX | 78665 | Nature of Client's Business* |  |  | Utility District |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| 2601 Forest Creek Dr.  |  |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| Round Rock   | TX   | 78665                    |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |
| Utility District   |  |                          |                                  |  |                       |  |  |              |               |                  |            |    |       |                              |  |  |                  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

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## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |  |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
|---|--|--------------------------|----------------------------------|--|------------------------|-------------------|--|--------------|---------------|------------------|--------------|----|-------|------------------------------|--|--|------------------|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| CLIENT NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Northtown MUD   |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| CLIENT ADDRESS AND NATURE OF BUSINESS                               | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>1421 Wells Branch Pkwy</td><td colspan="2">Bldg 1, Suite 106</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Pflugerville</td><td>TX</td><td>78660</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Utility District</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 1421 Wells Branch Pkwy | Bldg 1, Suite 106 |  | Client City* | Client State* | Client Zip Code* | Pflugerville | TX | 78660 | Nature of Client's Business* |  |  | Utility District |  |  |
| Client Business Address*  | Client Apartment or Suite Number   |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| 1421 Wells Branch Pkwy  | Bldg 1, Suite 106  |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| Client City*  | Client State*  | Client Zip Code*         |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| Pflugerville  | TX   | 78660                    |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| Nature of Client's Business*  |  |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |
| Utility District  |  |                          |                                  |  |                        |                   |  |              |               |                  |              |    |       |                              |  |  |                  |  |  |

### Section 3b: Client Compensation

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|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT COMPENSATION    | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page





## Lobbyist Reporting Form

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or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
|--|--|--------------------------|----------------------------------|--|--------------------------------|--|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-----------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>NXP Semiconductor, Inc.   |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>6501 William Cannon Drive West</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78735</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 6501 William Cannon Drive West |  |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78735 | Nature of Client's Business* |  |  | High Tech |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| 6501 William Cannon Drive West   |  |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Austin   | TX   | 78735                    |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| High Tech  |  |                          |                                  |  |                                |  |  |              |               |                  |        |    |       |                              |  |  |           |  |  |

### Section 3b: Client Compensation

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|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

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# Lobbyist Reporting Form

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## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
|--|--|--------------------------|----------------------------------|--|--------------------|------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-----------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Samsung Austin Semiconductor, LLC   |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>12100 Samsung Blvd</td><td colspan="2">#110</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78754</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">High Tech</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 12100 Samsung Blvd | #110 |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78754 | Nature of Client's Business* |  |  | High Tech |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| 12100 Samsung Blvd   | #110   |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Austin   | TX   | 78754                    |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| High Tech  |  |                          |                                  |  |                    |      |  |              |               |                  |        |    |       |                              |  |  |           |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

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|  |  |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
|--|--|--------------------------|----------------------------------|--|-----------------|-----------|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|-----------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Senior Quality Lifestyles Corporation   |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>12720 Hillcrest</td><td colspan="2">Suite 106</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Dallas</td><td>TX</td><td>75230</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Developer</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 12720 Hillcrest | Suite 106 |  | Client City* | Client State* | Client Zip Code* | Dallas | TX | 75230 | Nature of Client's Business* |  |  | Developer |  |  |
| Client Business Address*   | Client Apartment or Suite Number   |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| 12720 Hillcrest  | Suite 106  |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Client City*   | Client State*  | Client Zip Code*         |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Dallas   | TX   | 75230                    |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Nature of Client's Business*   |  |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |
| Developer  |  |                          |                                  |  |                 |           |  |              |               |                  |        |    |       |                              |  |  |           |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

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|  |   |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
|--|---|--------------------------|----------------------------------|--|--|----------------|--|--|--|--------------|---------------|------------------|--|--------|----|-------|--|------------------------------|--|--|--|--------------------|--|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Seton Healthcare   |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>1201 W 38th St</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78705</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Healthcare Network</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  |  | 1201 W 38th St |  |  |  | Client City* | Client State* | Client Zip Code* |  | Austin | TX | 78705 |  | Nature of Client's Business* |  |  |  | Healthcare Network |  |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| 1201 W 38th St   |   |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| Austin   | TX  | 78705                    |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |
| Healthcare Network   |   |                          |                                  |  |  |                |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                    |  |  |  |

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|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

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## Section 3: Client

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|  |   |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
|--|---|--------------------------|----------------------------------|--|----------------|--|--|--------------|---------------|------------------|-------------|----|-------|------------------------------|--|--|-------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Torchy's Tacos   |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>999 E Basse Rd</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>San Antonio</td><td>TX</td><td>78209</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Restaurants</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 999 E Basse Rd |  |  | Client City* | Client State* | Client Zip Code* | San Antonio | TX | 78209 | Nature of Client's Business* |  |  | Restaurants |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| 999 E Basse Rd   |   |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| San Antonio  | TX  | 78209                    |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |
| Restaurants  |   |                          |                                  |  |                |  |  |              |               |                  |             |    |       |                              |  |  |             |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
|--|---|--------------------------|----------------------------------|--|-----------------|--|--|--------------|---------------|------------------|-----------|----|-------|------------------------------|--|--|--------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Travis County Fire Rescue ESD #11  |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>9019 Elroy Road</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Del Valle</td><td>TX</td><td>78617</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Emergency Services</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 9019 Elroy Road |  |  | Client City* | Client State* | Client Zip Code* | Del Valle | TX | 78617 | Nature of Client's Business* |  |  | Emergency Services |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| 9019 Elroy Road  |   |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| Del Valle  | TX  | 78617                    |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |
| Emergency Services   |   |                          |                                  |  |                 |  |  |              |               |                  |           |    |       |                              |  |  |                    |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |                        |              |      |              |  |    |  |  |
|------------------------|--|------------------------|--------------|------|--------------|--|----|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>(\$)</td><td>Exact Amount</td></tr><tr><td></td><td>OR</td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |              | (\$) | Exact Amount |  | OR |  |  |
| Compensation Category* |  | (\$)                   | Exact Amount |      |              |  |    |  |  |
|                        | OR   |                        |              |      |              |  |    |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |  |
|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Walmart Stores, Inc   |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | Client Business Address*<br>2001 Southeast 10th St<br>Client City*<br>Bentonville<br>Client Apartment or Suite Number<br><br>Client State*<br>AR<br>Client Zip Code*<br>72713<br>Nature of Client's Business*<br>Retail Merchant |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |  |
|------------------------|--|
| CLIENT<br>COMPENSATION | Compensation Category*<br><br>OR<br>(\$) Exact Amount<br><br>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.<br><br>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):<br><br> |
|------------------------|--|

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
|--|---|--------------------------|----------------------------------|--|---------------|-----|--|--------------|---------------|------------------|--------|----|-------|------------------------------|--|--|------------------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Water Control Irrigation District #10  |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>5450 Bee Cave</td><td colspan="2">#2A</td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78746</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Utility District</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 5450 Bee Cave | #2A |  | Client City* | Client State* | Client Zip Code* | Austin | TX | 78746 | Nature of Client's Business* |  |  | Utility District |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| 5450 Bee Cave  | #2A   |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Austin   | TX  | 78746                    |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |
| Utility District   |   |                          |                                  |  |               |     |  |              |               |                  |        |    |       |                              |  |  |                  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |    |                   |  |  |  |
|------------------------|---|------------------------|----|-------------------|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* | OR | (\$) Exact Amount |  |  |  |
| Compensation Category* | OR  | (\$) Exact Amount      |    |                   |  |  |  |
|                        |   |                        |    |                   |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page





# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|   |  |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
|---|--|------------------------------------|----------------------------------|--------|--|---|----------------------|---|---------------|------------------|--|---------------------------------|------------------------------------|------------------------------|--|--|---|--|--|
| NO CLIENTS TO REPORT  | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period   |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <b>CLIENT NAME</b><br><br><input checked="" type="checkbox"/> Client is an individual | <table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="Wayne Reaud"/></td><td><input type="text"/></td></tr></table>  | Client Title                       | Client First Name*               | Middle | <input type="text"/>                             | <input type="text"/>                    | <input type="text"/> | Organization Name or Client Last Name, as applicable* |               | Client Suffix    | <input type="text" value="Wayne Reaud"/> |                                 | <input type="text"/>               |                              |  |  |   |  |  |
| Client Title  | Client First Name*   | Middle                             |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>               |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| Organization Name or Client Last Name, as applicable*                                 |  | Client Suffix                      |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Wayne Reaud"/>  |  | <input type="text"/>               |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <b>CLIENT ADDRESS AND NATURE OF BUSINESS</b>  | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="98 San Jacinto Blvd"/></td><td colspan="2"><input type="text" value="Suite 1400"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Property Owner"/></td></tr></table> | Client Business Address*           | Client Apartment or Suite Number |        | <input type="text" value="98 San Jacinto Blvd"/> | <input type="text" value="Suite 1400"/> |                      | Client City*  | Client State* | Client Zip Code* | <input type="text" value="Austin"/>      | <input type="text" value="TX"/> | <input type="text" value="78701"/> | Nature of Client's Business* |  |  | <input type="text" value="Property Owner"/> |  |  |
| Client Business Address*  | Client Apartment or Suite Number   |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="98 San Jacinto Blvd"/>                                      | <input type="text" value="Suite 1400"/>  |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| Client City*  | Client State*  | Client Zip Code*                   |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Austin"/>   | <input type="text" value="TX"/>  | <input type="text" value="78701"/> |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| Nature of Client's Business*  |  |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |
| <input type="text" value="Property Owner"/>   |  |                                    |                                  |        |  |   |                      |   |               |                  |  |                                 |                                    |                              |  |  |   |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                            |  |                        |    |                      |                      |  |                      |
|----------------------------|--|------------------------|----|----------------------|----------------------|--|----------------------|
| <b>CLIENT COMPENSATION</b> | <table><tr><td>Compensation Category*</td><td>OR</td><td>(\$)<br/>Exact Amount</td></tr><tr><td><input type="text"/></td><td></td><td><input type="text"/></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <input type="text"/> | Compensation Category* | OR | (\$)<br>Exact Amount | <input type="text"/> |  | <input type="text"/> |
| Compensation Category*     | OR   | (\$)<br>Exact Amount   |    |                      |                      |  |                      |
| <input type="text"/>       |  | <input type="text"/>   |    |                      |                      |  |                      |

\* Indicates a required field

Add Another Client Page

Delete this page



## Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
|--|---|--------------------------|----------------------------------|--|--|--------------------|--|--|--|--------------|---------------|------------------|--|--------|----|-------|--|------------------------------|--|--|--|------------------|--|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>Wells Branch MUD   |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="3">Client Apartment or Suite Number</td></tr><tr><td>3000 Shoreline Dr.</td><td colspan="3"></td></tr><tr><td>Client City*</td><td>Client State*</td><td colspan="2">Client Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td colspan="2">78728</td></tr><tr><td colspan="4">Nature of Client's Business*</td></tr><tr><td colspan="4">Utility District</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  |  | 3000 Shoreline Dr. |  |  |  | Client City* | Client State* | Client Zip Code* |  | Austin | TX | 78728 |  | Nature of Client's Business* |  |  |  | Utility District |  |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| 3000 Shoreline Dr.   |   |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| Austin   | TX  | 78728                    |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |
| Utility District   |   |                          |                                  |  |  |                    |  |  |  |              |               |                  |  |        |    |       |  |                              |  |  |  |                  |  |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 3: Client

### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

|  |   |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
|--|---|--------------------------|----------------------------------|--|-------------------|--|--|--------------|---------------|------------------|--------------|----|-------|------------------------------|--|--|-----------|--|--|
| NO CLIENTS TO REPORT   | <input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period  |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| CLIENT<br>NAME<br><br><input type="checkbox"/> Client is an individual | Organization Name or Client Last Name, as applicable*<br>White Lodging Services Corp  |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| CLIENT<br>ADDRESS<br>AND<br>NATURE OF<br>BUSINESS                      | <table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td>701 East 83rd Ave</td><td colspan="2"></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td>Merrillville</td><td>IN</td><td>46410</td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3">Developer</td></tr></table> | Client Business Address* | Client Apartment or Suite Number |  | 701 East 83rd Ave |  |  | Client City* | Client State* | Client Zip Code* | Merrillville | IN | 46410 | Nature of Client's Business* |  |  | Developer |  |  |
| Client Business Address*   | Client Apartment or Suite Number  |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| 701 East 83rd Ave  |   |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| Client City*   | Client State*   | Client Zip Code*         |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| Merrillville   | IN  | 46410                    |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| Nature of Client's Business*   |   |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |
| Developer  |   |                          |                                  |  |                   |  |  |              |               |                  |              |    |       |                              |  |  |           |  |  |

### Section 3b: Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

|                        |   |                        |                   |    |                   |  |  |  |  |
|------------------------|---|------------------------|-------------------|----|-------------------|--|--|--|--|
| CLIENT<br>COMPENSATION | <table><tr><td>Compensation Category*</td><td></td><td>OR</td><td>(\$) Exact Amount</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> <p>Per City Code Section 4-8-6(A)(j), the exact compensation amount is <b>required</b> for compensation totaling \$500,000 or more.</p> <p>If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):</p> <div></div> | Compensation Category* |                   | OR | (\$) Exact Amount |  |  |  |  |
| Compensation Category* |   | OR                     | (\$) Exact Amount |    |                   |  |  |  |  |
|                        |   |                        |                   |    |                   |  |  |  |  |

\* Indicates a required field

Add Another Client Page

Delete this page



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

|   |  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
|---|--|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|--|----------------------|----------------------|--|-----------|-------------|--|----------------------|----------------------|--|
| NO EMPLOYEES TO REPORT                              | <input checked="" type="checkbox"/> I employed or retained no employees during the applicable reporting period   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| PERSON<br>EMPLOYED<br>OR<br>RETAINED                | <table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>  | Title                              | First Name*                       | Middle               | <input type="text"/> | <input type="text"/> | <input type="text"/> | Last Name*           | Suffix                                    |  | <input type="text"/> | <input type="text"/> |  | Employer* | Occupation* |  | <input type="text"/> | <input type="text"/> |  |
| Title   | First Name*  | Middle                             |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   | <input type="text"/>               |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Last Name*  | Suffix   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| Employer*   | Occupation*  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| BUSINESS<br>ADDRESS                                 | <table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr></table>  | Business Address*                  | Apartment or Suite Number         | <input type="text"/> | <input type="text"/> | City*                | State* Zip Code*     | <input type="text"/> | <input type="text"/> <input type="text"/> |  |                      |                      |  |           |             |  |                      |                      |  |
| Business Address*                                   | Apartment or Suite Number  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| City*   | State* Zip Code*   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/> <input type="text"/>  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| MAYOR/COUNCIL<br>RELATIVE<br>OR<br>HOUSEHOLD MEMBER | <p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table> | First Name of Mayor/Council Member | Last Name of Mayor/Council Member | <input type="text"/> | <input type="text"/> |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| First Name of Mayor/Council Member                  | Last Name of Mayor/Council Member  |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |
| <input type="text"/>                                | <input type="text"/>   |                                    |                                   |                      |                      |                      |                      |                      |   |  |                      |                      |  |           |             |  |                      |                      |  |

\* Indicates a required field

Add Another Employee Page

Delete this page



## **Lobbyist Reporting Form**

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 5: Statement of No Activity

### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

### No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



**Lobbyist Reporting Form**  
*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

**Section 6:  
Expenditure Totals**

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).  
Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

|  |   |                      |
|--|---|----------------------|
| <div>EXPENDITURE<br/>TOTALS</div> <div>(Blank values<br/>will be interpreted as \$0)</div> | (\$) Reimbursement to Others  | <input type="text"/> |
|  | (\$) Food and Beverages   | <input type="text"/> |
|  | (\$) Transportation and Lodging   | <input type="text"/> |
|  | (\$) Gifts (other than Awards and Mementos)   | <input type="text"/> |
|  | (\$) Entertainment  | <input type="text"/> |
|  | (\$) Awards and Mementos  | <input type="text"/> |
|  | (\$) Honorariums  | <input type="text"/> |
|  | (\$) Attendance of Council Members at Charitable Events or Fundraisers                      | <input type="text"/> |
|  | (\$) Media Communications (broadcast, print, advertising, etc.)                             | <input type="text"/> |
|  | (\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j) | <input type="text"/> |



# Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting

## Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

|  |   |
|--|---|
| <b>PAYEE NAME<br/>AND<br/>BUSINESS<br/>INTEREST</b><br><br><input type="checkbox"/> Payee is an individual | Organization Name or Payee Last Name, as applicable*<br><input type="text"/><br><br><input type="checkbox"/> This payee is a business or business interest of a City Official<br>If yes, First Name of City Official<br><input type="text"/><br>Last Name of City Official<br><input type="text"/><br>Department of City Official<br><input type="text"/><br>Job Title of City Official<br><input type="text"/> |
| <b>PAYEE<br/>ADDRESS</b>   | Payee Address/ PO Box*<br><input type="text"/><br>Payee Apartment or Suite Number<br><input type="text"/><br>Payee City*<br><input type="text"/><br>Payee State*<br><input type="text"/><br>Payee Zip Code*<br><input type="text"/>   |
| <b>EXPENDITURE<br/>DETAILS</b>   | (\$) Expenditure Amount*<br><input type="text"/><br>Expenditure Date*<br><input type="text"/><br>Category*<br><input type="text"/><br>Purpose of the Expenditure*<br><input type="text"/>   |

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

| City Official First Name | City Official Last Name | Department | Job Title |
|--------------------------|-------------------------|------------|-----------|
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |
|                          |                         |            |           |





## Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,  
or Quarterly Activity Reporting*

## Section 8: Declaration and Electronic Submission

### DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas

Typed Name

10/19/2017

Report Date\*

### Electronic Submission and Signature

- ☒ I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.